

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2012
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF BLOOMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SARE RD BLOOMINGTON, IN 47401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: July 16, 2012</p> <p>Facility number: 011076 Provider number: 011076 AIM number: N/A</p> <p>Survey team: Marla Potts, RN, TC Sharon Whiteman, RN Susan Worsham, RN</p> <p>Census bed type: Residential: 35 Total: 35</p> <p>Census payor type: Other: 35 Total: 35</p> <p>Sample: 7</p> <p>Sterling House of Bloomington was found to be in compliance with 410 IAC 16.2 in regards to the State Residential Licensure Survey.</p> <p>Quality review completed 7/17/12 Cathy Emswiller RN</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

UC1911

If continuation sheet 1 of 1